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1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

lesis of lungs, ("Pneumonia," pneumonia"); brospinal meniugitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified. is indefinite): Tubercafever (never report "Typhoid "Epidemic cere-Carcin-

> aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Semile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (Recommendations on statement of may be stated under (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

Village or City Buttlestown (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
Month (Day) (Year)	masch 5, 1914, to march 8, 1914, that I last saw h. er alive on march 8, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 420 A m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Brunchofmunona (Secondary) (Ogration) yrs. mos. 7 ds.
10 NAME OF FATHER JOHN COOR  11 BIRTHPLACE OF FATHER (State or country) Charles S.C.  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A CONTROL OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.
Filed Mari 14, 1914 We started REGISTRAR	Paltemore Md March 13, 1914  20 UNDERTAKER LODGE LODGE TOWN SUL
If more hianks are needed, address State Registra	r, v E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causino death of cause of death—Name, first, the disease causino death of causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

which surgical operation was undertaken. childbirth or miscarriage, as "PUTEPPERAL scptichacetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Colianse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples: For VIO-



No. V. S.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF important. N. B.

PLACE OF DEATH 2955	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
VIIIage OCCHY Dutlerlawy (NO. 1) 2FULL NAME Percy Edw	st.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Year)  1720  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h wallve on March 26, 1914,
7 AGE  (Stotth) (Pay (Tear)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Tuhung Intuculosias.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Muliful Fuhuaelosis. Secondary
10 NAME OF FATHER LORGE ANGREW Butter  11 BIRTHPLACE OF FATHER OF FATHER (State or country)	(Signed) Jacob (Address) Cheshelowa Ma
OFFATHER (State or country) Centro Male of Mother of Mot	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Kenkles	At place In the of death yrs mos ds. State yrs mos ds
(Informant) Cold  (Address) Cold  (Address) Cold	Where was disease contracted, If not at place of death?  Former or usual residence
16 Mas 28 1914 M. L. Shirks	Dulislown Ma Mas 29, 1917 20 UNDERTAKER APDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uccapplies to each and every person, irrespective of age. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

pneumonia"); Lobar pncumonia; Bronchopneumonia lesis of lungs, ("Pnenmonia," "Croup";) brospinal fever (the only definite synouym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercu-"Epidemic cere-(avoid use Carcin-

> cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronehopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent,) Always qualify all diseases resulting from Measles "Senilc," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. B. No. 1.

PLAGE OF DEATH	STATE OF MARYLAND
County Keng	CERTIFICATE OF DEATH
County	902
0, -	Registration Dist. No. 202
Village or City & historian	St.; Ward)  [It death occurred in a hospital or institution, give its NAME lostead
FULL NAME Jais Brow	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	(Month) (Day) (Year)
Wate the word)	I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Suppose 1913	1913 to Jun 3/ 1914,
(Month) (Day) (Year)	that I last saw hand allve on the same all the same allve on the s
7 AGE If LESS that	and that death occurred on the date stated above, st
yrs. 6 mos. 13 ds. OR min.?	The CAUSE OF DEATH* was ss follows:
© OCCUPATION (a) Trade, protession, or	( ) ) )
particular kind of work Infam.	Machiles
(b) General nature of Industry, business, or establishment in	all laster
which employed (or employer)	(Bolfatton) Trs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Here Contributory (Secondary)
I and to Mo	(Duration) // yrs mos ds
10 NAME OF FATHER POLICE le han	(Signed) A Denge Simmon N. D.
0 11 BIRTHPLACE	man 27, 191 (Address) he electour me
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER COMMOTHER COMMOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Ella Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) I mark Chamber	Corner or usual residence
(Address) lehan Critanilia	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Janes W. E. Com Mar 2 4, 191 4
Filed Mas: 22, 1814 11 1 Acked	20 UNDERTAKER ADDRESS
Local REGISTRAR	1 Se Farguron lehartin
f more blanks are needed, address State Registi	rar, 6 H. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women, at home, who are engaged in the Never-return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," nnqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, If Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemla" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can death), 29 "Exhaustion," Examples: cause for FOI VIO ds.



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should NOI OCCUPATION statement classified. properly pe may that it ma 00 terms, plain Instructions 드 DEATH See

PHYSICIANS RECORD PERMANENT EXACTLY. THIS AGE UNFADING INKsupplied. carefully be pinous Information of 10 Item Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .: .....Ward) a hospital or lostitution. give its NAME instead of sfreet and number. 3 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTIDAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, . (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Month) (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, a 1 day, .....hrs. The CAUSE OF DEATH\* OR ..... min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work... (b) General nature of Industry. business, or establishment lo which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ., 19146. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death ... (State or country ..... yrs. ..... mos. ... State Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scotichac injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senfle," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Arample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical er" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



No. 1 aci

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD d IS UNFADING INK-THIS WRITE PLAINLY, WITH N.

Gounty Kent lo Red 2958	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Vear Phesterolle (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word manual)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
# AGE   Mohth (Day) (Year)  7 AGE   Mohth (Day) (Year)  1 LESS than 1 day, hrs. OR mio.?	that I last saw h alive on Max 24, 1914, to that I last saw h alive on Max, 24, 1914, and that death occurred on the date stated above, at 11 P m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Lucun Anna 66	(Duration) yrs. mos. 7 ds.  Contributory Example (Secondary)  (Duration) yrs. mos. ds.
10 NAME OF FATHER Robert Love  11 BIRTHPLACE (State or country) Maryland  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  Allis A Ogend	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.
APR 2 - 1914 Juliant Omes  Filed Registran  It more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKEN  ADDRESS  CHAPTER  THE COMMENT OF THE COMENT OF THE COMMENT OF TH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaecause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Meastes (disease causing death), 29 ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. -2 02 Ilf death occurred in Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, 3 SFY 4 COLOR OR RACE MARRIED! WIDOWED. (Month) (Year) OROIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH 00/1 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory\_ 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER . 1913. (Address) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS of Mother (State or country) At place In the ot death State ..... yrs. \_\_\_\_\_ yrs. .... \_\_ mos. \_ ds. Where was disease contracted. It not at place of death? Former or usuai residence. PARCE, OF BURIAL OR REMOVAL 15 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up ou account of the misease of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group";) Typhoid fever (never report "Typhoid pneumonia;" Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallinge, peritonacum, etc., Carcinlessis of lungs, mellinges, peritonacum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee on Nomencia-"Contributors" sepsis, mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecanse. etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanitiou," "Marasnant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway trainwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (discase causing "Senile," etc.), (Recommendations on statement of "Dropsy," State cause for death), 29 ds.; "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Ten Registration Dist. No lit death occurred in Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from . 191....., to (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day, hrs. OR ..... min. ? .....mos..... BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 ..... (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. .... mos. ... State \_\_\_\_\_ yrs. \_ Where was disease contracted. It not at place of death? usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

BURBAU. V.S.

signature original cause. Always qualify all diseases resulting from Scause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. "Contributory." by carbolic acid-probably suicidc. The nature of the ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1914
BUREAU.Y.S.

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1 PLACE OF DEATH

2961	CERTIFICATE OF DEATH
County	Registered No. 2 00
Village or City Massey (No	St; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Hite Single, Married, Widower, Wingle Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month) (Day) (Year)	July 15 , 1913, to March 6 , 1914, that I last saw him allve on March 6 , 1914
7 AGE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Chronic Interstition Replints
business, or establishment in which employed (or employer)	Contributory Intertained Themarks
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Stephen Hydraud Ford  11 BIRTHPLACE	(Secondary)  (Duration), yrs. mos. 9 Index  (Signed) June 1, M. D.  March 7, 1914 (Address) Jalena Ma
Z (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Lenette Come Collison  13 BIRTHPLACE OF MOTHER (State or country)  711d.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
15 (Address) 7 Marsey Mid.	Darbrille Md March 9, 1914  20 UNDERTAKER  ADDRESS  ADDRESS
more blanks are needed, address State Registrar, 6	El. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease to time and causation), using aiways the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County... Registration Dist. No [If death occurred in Village or City Wille St :----Ward) a hospital or institution. give Its NAME Instead of street and number.] 2FULL NAME. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE Maran MARRIED. WIDOWED. Month) (Day) ORDIVDRCED Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH ..... 191 ..... to ..... that I last saw h alive on 191 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,....hrs. The CAUSE OF DEATH \* was an follows: OR ..... min. ? ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (Secondary) (State or country) 10 NAME OF FATHER (Address) Oher 11 BIRTHPLACE FNH OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. ... ds Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the dibrash causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 'PLACE OF DEATH CERTIFICATE OF DEATH County... Registration Dist. No .... fif death occurred la St.:---Ward) a hospital or institution. give its NAME Instead of sfreet and aumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Marin WIDDWED. (Month) (Day (Year) ORDIVERCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1869 (Month) (Day) (Year) 7 AGE If LESS than t day, ....hrs. The CAUSE OF DEATH OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ..... yrs. .... mos. State ..... Where was disease confracted. 14 THE ABOVE IS TR If not af place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or misearriage, as "PULEPERAL septichae injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 da.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



7. B. No. 1.

If make

Jollie STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St.;....Ward) a hospital or lostitution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. 5 WIDDWED, MIGM LOL ORDIVORCED (Write the word) (Month) (Day) EBY CERTIFY That I attended deceased from 8 DATE OF BIRTH march 31 1881 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at. t day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) f. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State yrs mos ds Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PHYSICIANS shou RECORD PERMANENT ciassified. 4 P properly INK supplied. pe UNFADING may that it certificate 50 terms, n back should piain instructions information EATH IN WRITE 0 Every item CAUSE OF Important. S

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative icalthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can death), 29 ds. State cause for Examples: For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 2965	STATE OF MARYLAND
Co	unter Kenst	CERTIFICATE OF DEATH
Co	unty	Registration Dist. No. 200
Vi	llage or City Millington (No	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead
	FULL NAME John For	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDOWEO, Married	16 DATE OF DEATH Marke 24, 1914 (Month) (Day) (Year)
6 D/		
	March 12, 1844 (Month) (Day) (Year)	that I last saw h alive on
7 AG		and that death occurred on the date stated above, at
	>0 yrs mos. 23 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a)	Trade, protession, or Farm Robins	J. J
busin	less, or establishment in	(Ouration) yrs. mos 2.ds.
9 BI (St	ate or country)	(Secondary)
	10 NAME OF FATHER Anhance	(Signed) Frank Dunth, M.D.
TS	11 BIRTHPLACE	3/26/, 1914. (Address) Lander Ina-
REN	Registration Dist.  Village or City  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICUL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	mhmm	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(	interment) Isia Bokulom	Former or
	(Address) fullinghn ma	2000
Tile		1 1 00 14 14 100 1
		formally St. Pales Population V. S. No. 1
	mare manas are second, address State Registra	, own. Brankin Sc., Baito., Requesting v. S. No. 1///

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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#### BINDING FOR ESERVED r MARGIN

No. 02

#### si NOI OCCUPATION PHYSICIANS RECORD 6 PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. DATE OF DEAT 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) DATE OF BIRTH classified. 4 (Month) (Day 7 AGE if LESS than and that death occ day.....hrs. INK-THIS The CAUSE OF D ...min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) ... certificate. Contributory... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF 0 WITH terms, in back 11 BIRTHPLACE PARENTS OF FATHER (State or country) pinous 50 PLAINLY, 12 MAIDEN NAME DEATH in plain See instructions OF MOTHER information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country of inform DEATH WRITE Former or OF usual residence Every item CAUSE OF important. 15

1 PLACE/OF DEATH



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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No	200	
St.; Ward)	[!t a hosp give it	death occi lital or ins s NAME let and nu	irred in ititution, Instead
DICAL CERTIFICATE OF	DEATH		
H Narch (Month)	25 (Day	,,	1914 Year)
EREBY CERTIFY, That I	attended	decease	ed from
alive on alluicurred on the date stated a	listove, at	2	191 m,
borned			<b>39</b> 000000000000000000000000000000000000
(Duration)	*********		
(Duration)  (Address) Ohle	Las	ROS	ds.
14 (Address) Mes	le	lon	n_
EASE CAUSING DEATH, or.			

\*State the DIS CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

At place of death	yrs.	mos.	ds.	in the State	vrs.	mos.	el
Where was dise	ase contrac	ted,			, , , ,		

4441 1 4414 414 64	
Melitola	Mare OF 1
O LIADERTAKER /	Anners

BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not "Manager," "Dealcr," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up ou account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be iudivery important, so that the relative healthful-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, rcturn "Laborer," As examples: "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mentugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need uot be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds,; "Senile," etc.), (Recommendations on statement of "Dropsy," (uame origin; "Can-"Exhanstion," the head Never report For VIO-



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N. B.—Every item of information should be carefully aupplied. AGE ahould be atated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OGCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

PLACE OF DEATH

2967

#### STATE OF MARYLAND

County Kent	CERTIFICATE OF DEATH
Village or City Galena (No.	Registered No
FULL NAME Hilliam J. Tre	iller: of strest and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute Spingle, Married on provonced (Write the word)	16 DATE OF DEATH Musele L , 1914.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 4. 24 , 1824  (Month) (Day) (Year)  7 AGE If LESS tha 1 day,hr	that I lest saw have alive on Fub 2814, 1914.  and that death occurred on the date stated above, at 1,18 0, m
(a) Trade, preference or particular kind of work  (b) General nature of industry, business, or establishment in which amployed (or employer)  BIRTHPLACE (State or country)	Seculty Chronic Proncluster  Sent chronisinals (Duration) yrs mos ds  Contributory (Secondary)
(State or country) Kent Country, Marylan.  10 NAME OF FATHER Milliam J. William  11 BIRTHPLACE	(Signed) Edward Arth, M. D. Wards 2, 1914 (Address) Edakura, 1114
OF FATHER (State or country) Pennesylvanne  12 MAIDEN NAME OF MOTHER Lychia Elizane	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  SI WAT KEEPEN	At place in the of death
(Intermant) Some My Knowledge  (Intermant) Some Miller  (Address) Salema, Mal	it not at place of dealh?  Former or  usual residence.  19 PLAGE OF BURIAL OR REMOVAL  DATE OF BURIAL
16 Map 3 - 1914 Julian Dann	20 UNDERTAKER ADDRESS ADDRESS

REGISTRAR

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," 9

Statement of cause of death—Name, first, the dibrable causing death—Name, first, the dibrable causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Mcdical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples: FOr VIO-



F. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Aug & Plan	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203  [It death occurred is a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
General Server S	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  25 4, 191 4, to march 3 st, 191 44  that I isst saw here alive on march 3 st, 191 44
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9-30 m, The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, protession, or particular kind of work  (b) Genoral nature of industry, business, or establishment in which employed (or employer)	Exploration yrs. mos. ds.
9 BIRTHPLACE (State or country) / Seul loo gud	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER ASABELLISTON  11 BIRTHPLACE OF FATHER (State or country) Occil to 2000,  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) Over Hall Heave State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
of MOTHER Sula, Heaven	At place ot deathyrs,mos,ds. Stateyrs,mos,ds.
(Intermant) PARLE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) (Addre	Melley Chapel Kles. W.d. March. 7, 1914.

REGISTRAR

hore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite); Tubercufcvcr (never report "Typhoid (avoid use Carcin-

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, totanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for mail "Contributory." The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.: Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can The nature of the "Exhaustion," Never report Examples:



OCCUPATION PHYSICIANS RECORD PERMANENT cla supplied certificate that 5 back terms Instructions Information plal = ATH of DE Item OF Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred in St.;....Ward) a hospitel or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) and that death occurred on the date stated above, at 11 20 pm. 7 AGE It LESS than 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... ds Where was disease contracted. It not at place of death? Former or usuel residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

if more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomenciaby earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'l raemia," "Wcakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent; Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-The nature of the death), 29 ds.: Examples:



7. B. No. 1.

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RD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	YSIC
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. 202 Ilf death occurred in St.:....Ward) a hospital or iostitution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SIM SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH that I last saw han alive on Many (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, st f day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ...... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) Musch . 191.4. (Address). 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death \_\_\_\_\_ yrs. .... mos. .... State yrs, mos. (State or country Where was disease contracted. If not at place of death? Former or (Informant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN. CA. H., 191 H. 15 20 UNDERTAKER ADDRESS nore bisnks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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BINDING UNFADING MARGIN

PLACE OF DEATH 2971 STATE OF MARYLAND state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No.... .Ward) RECORD statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDDWED. ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH . 191..... to (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at, 1 day hrs. -THIS The CAUSE OF DEATH\* was as followa: OR ..... min. ? .mos,..... properly BOCCUPATION (a) Trade, protession, or INK particular kind of work. pe supplied (b) General nature of Industry, business, or establishment in (Duration) may which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 80 0 11 BIRTHPLACE ., 191 ..... (Address) ARENT pino OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER of Inford of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. (State or country) State \_\_\_\_ yrs.\_\_\_ Where was disease contracted. If not at place of death?. Former or Item (Intermant) usual residence. Every ited CAUSE C PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)... 15 20 UNDERTAKER ADDRESS -REGISTRA ela ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V/S. No. 1.

If death occurred in

a hospital or institution.

give Its NAME Instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

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BUREAU, V.S.

LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ratvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarconta, etc., o ..... injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) rame origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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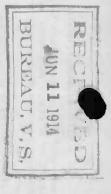
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Nont Registration Dist. No. [If death occurred to Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED, WILL (Month) (Day ORDIVORCED (Write the word) | HEREBY CERTIFY, That | attended deceased from (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH\* was as follows: ....mos,..... OR ..... min. ? BOCCUPATION (a) Trade, profession, or Jone particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed). 11 BIRTHPLACE , 191 ..... (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ State Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death?... Former or (Informant) usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto

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[Approved by U. S. Census and American Public Health Association.]

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MESTA of information should be N. B.—Every Item CAUSE OF I No. 1. υż

1 PLACE OF DEATH

County // LINA	CERTIFICATE OF DEATH
Village or City Mengalet (No	Registration Dist. No. 22. [It death occurred in a hospital or institution, give its NAME instead
FULL NAME HULDEN !!	usgold of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MURALED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I, HEREBY CERTIFY; That I attended deceased Worth
6 DATE OF BIRTH  (Month) (Day) (Year)	that I lest saw her alive on 191
7 AGE it LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5 a.m., The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	John description of symptoms formation fully Junemonth yrs. mos/O ds.
9 BIRTHPLACE (State or country) Kent les Mid.	Contributory (Secondary) (Durațion) yrs. mos. ds.
11 BIRTHPLACE	(Signed) A Serge Summon , M. D. Mch C , 191 4 (Address) Chestertown
OF FATHER (State or country) Cent Co Mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  **BLENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or COUDTY) Kelet. Les MAR (	At place In the of death
(Informant).	it not at place of death?  Former or usual residence.
(Address) Horton J. Co. Mich	Morg Reck Co Med March 7, 1811 H
Filed Man 1914 Milliam REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of libeen changed or given up on account of the dismass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia. ACCIDENTAL, SUICIDAL, 400 HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Puerperal schiichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing affection need not be stated unicss important. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchonneumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Candeath), 29 ds.: State cause for



B. No.

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RECORD statement PERMANENT EXACTLY. Exact classified. 4 should -THIS properly AGE INK UNFADING WITH pe pinous PLAINLY, plain information 2 DEATH WRITE of Item

### PLACE OF DEATH Very PHYSICIANS should of OCCUPATION IS County Village or City PERSONAL AND STATISTICAL PARTICULARS S SINGLE, SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) TAGE BOCCUPATION (a) Trade, protession, or particular kind of work carefully supplied. to that it may be possible of certificate. (b) General nature of industry, business, or establishment in which employed (or employer) .. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of 11 BIRTHPLACE PARENT OF FATHER (State or country) uo 12 MAIDEN NAME OF MOTHER Instructions 13 BIRTHPLACE OF MOTHER (State or country See CAUSE OF Important. S (Informant) (Address) Every 16



more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MARRIED, WIDDWED,

ORDIVERCED (Write the word)

(Day)

(Year) it LESS than

1 day, .....hrs.

OR ..... 7

REGISTRAR

Julia !	STA	TE OF M	ARYLAN	ID
V	CERTI	FICATE	OF DE	ATH
	Re	gistration I	Dist. No	2114
热图的	J. J	st.; Wa	rd) a ho	If death occurred in spital or institution, its NAME instead reet and number.]
	MEDICAL C	ERTIFICATE	OF DEATH	
16 DATE OF DE	EATH	Marc (Month)	la f	(Year)
17 nov 15	HEREBY C	ERTIFY, Ta		
that I last saw I	h.LA alive	on The	rch 14	, 191
and that death	occurred on t	the date state	ed sbove, at.	2-30 m.
The CAUSE OF		Prec		,
Contributory (Secondary)	, AFEM	(Duration)	abo	mos ds.
(Signed) Signed	77au/c , 191.4 (Addr	(Buration)/	mes testons	mos ds.  , M.D.
*State the I CAUSES, state TAL, SUICIDAL	(1) MEANS (	ING DEATH, OF INJURY; a	nd (2) when	from VIOLENT
16 LENGTH OF OR RECENT RI At place ot death yrs. Where was disease it not at place of de Former or usual residence	mos	in the		MS, TRANSIENTS,
Lauls 20 UNDERTAKE	Kent le	Med.	maici	BURIAL 1914
UNDERTAKE	H/		ADDRES	3

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonacum, etc.. pneumonia"); Lobar pneumonia; Bronchopncumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever unqualified, is indefinite); Tubercu-(never report "Typhoid (avoid use Carcin-

> childbirth or miscarriage. as "Purperbal scottichar-mia," "Purperbal pertionitis," etc. State cause for cause of death approved by Committee on Nomencia such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronical ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 Never report Examples: For vio-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS A PLAINLY, WITH WRITE N. B.

PLACE OF DEATH 2975	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
O st	Registration Dist. No. 900
Village or City (No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH March 3, 19/4  (Month) (Day) (Year)	that I last saw her alive on March 3, 1914
AGE If LESS than 1 day, A.hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
(State or country) Maryland	Gontributory (Secondary) (Deration)yrsmosds.
11 BIRTHPLACE	(Signed) (Address) Louiserd al
OF FATHER (State or country) Selaware  12 MAIDEN NAME OF MOTHER S	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Macy land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Louiserof Nef,	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL March /6, 1914
Filed 1914 1914 when Parry	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses of lungs, meninges, peritonaeum, etc.. Carcinoses

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing affection need not be stated unless important. oma. Surcoma. etc., of . "Contributory." is less definite; avoid use of "Tumor" for mail The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-



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Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 day, ... hrs. OR ..... min. ? restitude 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... State or country (Secondary) (Signed) S ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. BEST OF if not at place of death? Former or usual residence BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purereral scotichaescpsis, tetanus) mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 ds.: Examples:



8. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD -Every item of information should be CAUSE OF DEATH in plain terms, so important. N.B.

1 PLACE OF DEATH

County.....



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Fit dooth cooured in

*FULL NAME Robert &	Russel Unie   St.; Ward)  Russel Unie   Give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien, Single, Widowed, Surgel (Write the word)	16 DATE OF DEATH MANCH 3, 1914  (Month) (Day) (Year)  17 / HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH March 4, 19/3 (Month) (Day) (Year)	mark 1 1914, to month 3 1914, that I last saw him alive on march 2 1914
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Head- O. Smee.	(Duration)
11 BIRTHPLACE OFFATHER (State or country) Tent-C- max  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE 14 MAIDEN NAME OF MOTHER  13 BIRTHPLACE 14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDE	(Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Baths from Violent Causes, state (1) Means of Injuer; and (2) whether Accidental, Suicidal, or Homicidal.  (Baths of Residence (For Hospitals, Institutions, Transients, or Recent Residents)  (Address)
OF MOTHER (State or country) Rent C= Mal.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Carles B2 - Unic  (Address) Rock Hall Mel.  15 Filed 3/5 1914 7/18, Surding REGISTRAR	of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  That Africa are a contracted of the contracted o
If more blanks are needed, address State Registr	or 6 M Frankin St. Daite Baquerin V S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should he taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But ln many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Lahorer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purpresal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 de.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic zer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may he stated under the head (Recommendations on statement of (secondary or intercurrent (name orlgin; "Can State cause for Never report Examples: For vio-



B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD

PLACE OF DEATH 2978	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	54.1
Village or City Coulds Fult Form	Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME lostead
* FULL NAME Virginia M	Cay Watern of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OB RACE 5 SINGLE, MARRIED, WIDOWED, Jungle, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 //  1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	Jet. 3 1914 to March 6 1914
(Month) (Day) (Year)	that I last saw h M alive on March 6 1914
TAGE If LESS than	and that death occurred on the date stated above, at 12.34 Pm,
6 yrs. 10 mos. 4 ds. or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, er particular kind et work	Centre Spuse Minngstos
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 4ds
State or country) Sew Com	Contributory (Secondary) (Deration) yrs mos 3, ds.
10 NAME OF FATHER RAGAN. J. Watern	(Signed) Transcell Twiell, M. D.  March 6, 191 4 (Address) Chestelow
OF FATHER (State or country) Lewicond	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Privale D Market	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) Centre	of death yrs. mos. ds. State yrs. mos. ds.
(Interment) Joseph Watson	if not at place of death? Former or usual residence.
(Address) Obestulows, V	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mary, 1914 Industry	20 UNDERTAKER OF ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage. as "PUERPERAL septicharinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railroay train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



OCCUPATION RECORD statement PERMANENT classified. U no properly AGE ERVED supplied. may certificate. E S carefully that œ ō MARGIN back terms. plain Instructions Information 2 of Infor Item Every Item CAUSE OF Important. ŝ 8 ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lugiton if death occurred in -Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE WIDOWEO, (Dav) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than 1 day, .... hrs. OR ..... min. ? Cerio Scleronio BOCCUPATION (a) Trade, profession, or aleane particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) Marylan 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER in the mos. ..... ds. State ..... yrs, ..... mos. .. Where was disease contracted, if not at place of death? Former or 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAK ADDRESS If mere blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-('0a) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the a definite salary), may be entered as Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," The question For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Tronp"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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No. vi.

Village or Gity Millington (No. St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  SINGLE,  MARKIED,  MARKIED	PLACE OF DEATH	STATE OF MARYLAND
Village or City Milington (No. St.; Ward)  2 FULL NAME Mashington Sa Jayotte Noodal (It desth occurred a hespital or institutions, Transient (State or country)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE Sungle, Windows (William of the state of th	Court Rent	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICU	m.in-	
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WASHED, WINSHED, WOOWED, ORDIVORCE WASHED, WINSHED, ORDIVORCE WASHED, WINSHED, ORDIVORCE OR	Village or City Mulington (No,	St.; Ward) [It death occurred in a hospital or institution give its NAME instead
Make white moves married (Month) (Day) (Year)  TAGE    It LESS than 1 (ay, hrs. or money)   Occupation (a) Trade, profession, or mother particular kind of work third Aleanbook Caples (State or country)   Onary   Month   Mo	2 FULL NAME Hashington Ja Ja	ayette Voudall of street and number.]
Mole white mowers married (Month) (Day) (Year)  **DATE OF BIRTH  **DATE OF BIRTH  **SERVED COLUMN (Month) (Day) (Year)  **TAGE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE    It LESS than 1 day, hrs.   Socouparion   Societa   Soci	MARRIED, MARRIED	(Month) (Day) (Year)
It LESS than    day,hrs.	Sept 12 1836	March 6, 191 4 to March 17, 1914,
**Soccupation of the country of the		130
(a) Trade, profession, or Retired Steambook Caplain particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **DO NAME OF FATHER** (State or country)  **TO NAME OF FATHER** (State or country)  **TO NAME OF FATHER** (State or country)  **In BIRTHPLACE** (State or country)  **In BI	1 day,hrs.	
(Signed)  Description  (Duration)  Which employed (or employer)  BERTHPLACE (State or country)  Maryland  Contributory (Secondary)  (Secondary)  (Signed)  Westername Country  M.  State or country)  M.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident or Recent Residents  M.  Maryland  Description  State or country)  Maryland  The Above is true to the Best of My knowledge  Method of Mother (State or country)  Maryland  Method of Mother (State or country)	(a) Trade, profession, or OL- 1 At- 1	Levile debility
Signed (Signed)  10 NAME OF FATHER foliu Moodall  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER Strah Graham  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 BIRTHPLACE OF MOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE (FOR MOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place of death yrs, mos, ds. State yrs, mos.	(b) General nature of Industry, business, or establishment in	(Duration) yrs. mos 1 4 ds.
(Signed)  Name of Father foliu Modall  11 BIRTHPLACE OFFATHER (State or country)  M.  2 MAIDEN NAME OF MOTHER Grah Grahus	9 BIRTHPLACE (State or country) Maryland '	(Secondary)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 BLENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS (FOR HOSPITALS. INSTITUTIO	10 NAME OF John Woodall	Wester 16 to
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 BLENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS (FOR HOSPITALS.	11 BIRTHPLACE OF FATHER (State or country)  Md.	*State the DISPLANT CAUSING DEATH OF IT ACAD A
At place OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 THE BEST OF MY KNOWLEDGE  16 THE BEST OF MY KNOWLEDGE  17 THE BEST OF MY KNOWLEDGE  18 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  11 THE BEST OF MY KNOWLEDGE  12 THE BEST OF MY KNOWLEDGE  13 THE BEST OF MY KNOWLEDGE  14 THE BEST OF MY KNOWLEDGE  15 THE BEST OF MY KNOWLEDGE  16 THE BEST OF MY KNOWLEDGE  17 THE BEST OF MY KNOWLEDGE  18 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOWLEDGE  11 THE BEST OF MY KNOWLEDGE  11 THE BEST OF MY KNOWLEDGE  12 THE BEST OF MY KNOWLEDGE  15 THE BEST OF MY KNOWLEDGE  16 THE BEST OF MY KNOWLEDGE  17 THE BEST OF MY KNOWLEDGE  18 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  19 THE BEST OF MY KNOWLEDGE  10 THE BEST OF MY KNOW		TAL, SUICIDAL, or HOMICIDAL.
Where was disease contracted, if not at place of death?	13 BIRTHPLACE OF MOTHER  OF MOTHER	At place In the ot death yrs, mos, ds. State yrs, mos, ds
	Mas Mast at the	Where was disease contracted, If not at place of death?
(Address) 19 PLACE OF BURIAL DATE OF BURIAL		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRMAR 17 1914 Ulian mr 20 UNDERTAKER DI APDRESS	FIMAR 17 1914 Juliani mir	
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County LIN Registration Dist. No. If death occurred in a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. 191 WICOWEO, (Day (Year) (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... ... mos. .. State .... Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. 19 PLACE OF BURIAL REMOVA PATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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